

SERFF Tracking #:	<i>METF-128583385</i>	State Tracking #:	Company Tracking #: <i>M11I072</i>
State:	<i>Arkansas</i>	Filing Company:	<i>Metropolitan Life Insurance Company</i>
TOI/Sub-TOI:	<i>L08 Life - Other/L08.000 Life - Other</i>		
Product Name:	<i>Application for Reinstatement</i>		
Project Name/Number:	<i>/m11I072</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company
 Product Name: Application for Reinstatement
 State: Arkansas
 TOI: L08 Life - Other
 Sub-TOI: L08.000 Life - Other
 Filing Type: Form
 Date Submitted: 07/18/2012
 SERFF Tr Num: METF-128583385
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: M11I072

 Implementation: On Approval
 Date Requested:
 Author(s): Jan Spoede
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 07/23/2012
 Disposition Status: Approved-Closed
 Implementation Date:

 State Filing Description:

SERFF Tracking #:	METF-128583385	State Tracking #:		Company Tracking #:	M11I072
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Application for Reinstatement				
Project Name/Number:	/m11I072				

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: m11I072 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 07/23/2012
 State Status Changed: 07/23/2012
 Deemer Date: Created By: Jan Spoede
 Submitted By: Jan Spoede Corresponding Filing Tracking Number:
 Filing Description:
 m11I072, Application for Reinstatement

This application will be used when an Insured wants to reinstate their policy.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830 800-283-9233 [Phone] 6371 [Ext]
 Waco, TX 76703 254-745-6389 [FAX]

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
P.O. Box 960	Group Code: 241	Company Type: Life
Waco, TX 76703	Group Name:	State ID Number:
(800) 283-9233 ext. 6332[Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR requires a filing fee of \$50.00.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Metropolitan Life Insurance Company	\$50.00	07/18/2012	61000508

SERFF Tracking #:	METF-128583385	State Tracking #:		Company Tracking #:	M111072
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Application for Reinstatement				
Project Name/Number:	/m111072				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/23/2012	07/23/2012

SERFF Tracking #:	METF-128583385	State Tracking #:		Company Tracking #:	M111072
State:	Arkansas	Filing Company:	Metropolitan Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Application for Reinstatement				
Project Name/Number:	/m111072				

Disposition

Disposition Date: 07/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Application for Reinstatement		Yes

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Product Name:	Application for Reinstatement				
Project Name/Number:	/m111072				

Form Schedule

Lead Form Number: m111072							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		m111072	AEF	Application for Reinstatement	Initial:	45.600	Gen Met_m111072_Gen[1].pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

APPLICATION FOR REINSTATEMENT

MetLife®

PROPOSED INSURED _____

POLICY NUMBER _____

1. Please provide the proposed insured's:

a. Current occupation _____

b. Height _____ Weight _____ Place of birth _____

c. Personal physician's name and address (if none, enter "none") _____

2. Within the last 12 months, has the proposed insured:

Yes No

a. Smoked a cigarette?

☐ ☐

b. Used tobacco in any other form?

☐ ☐**Record the details of any "yes" answers to questions 3, 4, and 5 in question 6 below.**

3. Within the last 5 years, has the proposed insured:

Yes No

a. Consulted a physician or other medical professional, been advised to have surgery or had treatment or care in a hospital, clinic or other medical facility?

☐ ☐

b. Had or been advised to have an X-ray, EKG, MRI, CAT scan, blood test, biopsy, or any other medical test or study?

☐ ☐

c. Used cocaine, marijuana, heroin, or any other legally controlled substance, except as prescribed by a physician?

☐ ☐

d. Taken any prescription medication in a manner other than as instructed by a physician?

☐ ☐

e. Been advised by a physician or other medical professional or counselor to reduce or stop drinking alcohol or received treatment for alcohol or drug use?

☐ ☐

f. Been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies?

☐ ☐

4. Within the last 10 years, has the proposed insured sought treatment for, been prescribed medication for, or been diagnosed by a member of the medical profession as having any of the following:

a. Heart or circulatory disease or disorder, chest pain, shortness of breath, murmur, stroke, transient ischemic attack (TIA), peripheral vascular disease, or high blood pressure?

☐ ☐

b. Cancer, tumor, anemia, leukemia, or other disorder of the blood?

☐ ☐

c. Diabetes or any disease or disorder of the pancreas?

☐ ☐

d. Asthma, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or any other disease or disorder of the respiratory system?

☐ ☐

e. Any disease or disorder of the esophagus, stomach, intestines, liver, or kidneys?

☐ ☐

f. Parkinson's disease, multiple sclerosis, paralysis, seizure, Alzheimer's disease or other dementia, or any other disease or disorder of the brain or nervous system?

☐ ☐

g. Depression, anxiety, or any other psychiatric disorder?

☐ ☐

5. Is the proposed insured currently taking any prescription medication at regular intervals?

☐ ☐

6. Provide details of all "yes" answers to questions 3, 4, and 5 in the space below. Include date, diagnosis, treatment, current condition, and physician's name and address. For more space, use the Additional Information section on page 2.

Ques No. Details

_____	_____
_____	_____
_____	_____
_____	_____

FORM: M111072

I have read this Application for Reinstatement and understand and agree that all the answers and statements made by me in this Application are, to the best of my knowledge and belief, complete and true, that they are correctly and fully recorded and that no material information or circumstances have been withheld or omitted. I understand that any reinstatement requested for this policy is not effective until approved by MetLife. I understand and agree that this Application for Reinstatement shall become a part of the policy. I also acknowledge that the reinstated policy may be contested by reason of fraud or misrepresentation of facts material to this reinstatement for the same period of time following reinstatement with the same conditions and exceptions as the policy provides with respect to contestability after original issuance. I certify that I have read and understand the Privacy Notice on [Form m09P002 Rev. 10/09] and the Fraud Warning Notice applicable to my state of residence on [Form m11I080] which were provided to me with my Application for Reinstatement.

Signature of Proposed Insured (If under 18, Parent's Signature)

Date

Signature of Witness

Date

Additional Information:

FOR HOME OFFICE USE ONLY:

Approved by: _____ Disapproved by: _____ Date: _____

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
m11I072_Read_Cert.pdf			
Met AR Cert of Bull 11-83.pdf			
Met AR Cert of Bull 19.pdf			



CERTIFICATION OF READABILITY
FORM: m11I072

This is to certify that Metropolitan Life Insurance Company Form m11I072 has achieved a Flesch Reading Ease Score of 45.60.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is fluid and cursive, with a long, sweeping tail on the "y".

Michael R. Khoury, JD
Director
Compliance

Metropolitan Life Insurance
Company

Date: 17 July 2012



CERTIFICATION

The undersigned, an officer of Metropolitan Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form m11I072 complies with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written in a cursive style and is positioned above a horizontal line.

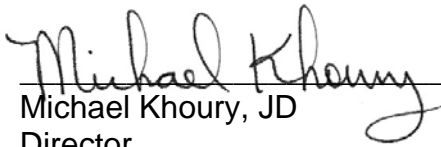
Michael Khoury, JD
Director
Compliance and Product Development

Date: 18 July 2012



CERTIFICATION

The undersigned, an officer of Metropolitan Life Insurance Company, [Waco](#), Texas does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.



Michael Khoury, JD
Director
Compliance and Product Development

Date: 18 July 2011